



Coast Guard HR Flag Voice 98

KNOW YOUR PROVIDER'S TRICARE CATEGORY

TRICARE users have so many options for selecting their health care providers that the terminology can get very confusing. Knowing your providers' TRICARE category can help you make the right choice, and save money.

TRICARE terms used in reference to providers include "**authorized**," "**certified**," "**non-authorized**," "**participating**," "**non-participating**," "**network**" and "**non-network**." So, which is which?

Providers who treat TRICARE patients must be "**authorized**" by TRICARE. This means they can be reimbursed by TRICARE for its share of costs for medical benefits, and they are qualified to provide certain health benefits to TRICARE beneficiaries. Only "**certified**" providers - those who have passed a credentialing process - can be authorized by TRICARE.

Beneficiaries must ask their providers if they are "**authorized**" by TRICARE before seeking treatment from them. Providers can contact TRICARE regional managed care support contractors (provider relations department) for an application to become authorized. Beneficiaries who use "**non-authorized**" providers may be responsible for their entire bill, and there are no legal limits on the amounts these providers can bill beneficiaries. Examples of "**non-authorized**" providers are most chiropractors and acupuncturists. Other "**non-authorized**" physicians include those who do not meet state licensing or training requirements, and those who never sought, or were rejected for, authorization by TRICARE.

Authorized caregivers may be "**participating**" or "**non-participating**" providers on a case-by-case basis.

"**Participating**" providers agree to accept the TRICARE "allowable charge" as payment in full for the care they provide TRICARE beneficiaries. Patients are responsible for any out-of-pocket costs, including deductibles, that are specified by their health plans. Participating providers file claims and receive reimbursement directly from TRICARE.

"**Non-participating**" providers do not accept TRICARE allowable charges as full payment for their services, and they can legally charge patients up to 15 percent more than the TRICARE allowable charge. TRICARE beneficiaries generally file their own claims for care obtained from "non-participating" providers, and TRICARE pays its portion of the allowable charges directly to beneficiaries to pay the bills. Patients are personally responsible for paying any out-of-pocket costs, including deductibles, specified by their health plans, plus, the 15 percent difference the "**non-**

participating" providers can charge them.

"Network" providers are participating providers that have discount agreements with the TRICARE program. They are required to file claims and they receive reimbursement directly from TRICARE. Eligible beneficiaries pay their out-of-pocket costs, including deductibles, specified by their TRICARE health plans.

When users of TRICARE Standard receive care from TRICARE network providers, they are using the TRICARE Extra option, which costs less. Under TRICARE Extra, active duty family members' out-of-pocket costs equal 15 percent, and all other TRICARE beneficiaries' out-of-pocket costs equal 20 percent. Under TRICARE Standard, not using network providers, active duty family members' out-of-pocket costs equal 20 percent of the allowable charge, and all other TRICARE beneficiaries' (such as retirees and their eligible family members; surviving eligible family members of deceased active or retired service members) out-of-pocket costs equal 25 percent of the allowable charge. Deductibles are the same for both options.

To determine health care providers' TRICARE category, beneficiaries should ask them or their staff, or call regional managed care support contractors. A health benefits adviser at your local military treatment facility (MTF), a TRICARE service center (TSC) representative, or a Coast Guard MLC HBA also can provide assistance. To reach a TSC, call the toll-free telephone number for TRICARE in your region. To reach a CG MLC HBA call 1-800-942-2422 (800-9-HBA-HBA).

For additional information about TRICARE, visit the Military Health System/TRICARE Web site at: <http://www.tricare.osd.mil>.

Regards, FL Ames

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